

Long Term Service and Supports (LTSS)

Program Overview

Eligibility

Humana Integrated Care Program of Illinois does not determine your eligibility into the Waiver or Nursing Home programs. Eligibility determination is under either the Department on Aging or the Department of Human Services, Division of Rehabilitative Services. If one of these Departments has decided you are eligible, you will be asked to select a health plan. A plan will be assigned for you if you did not make a choice.

The following are some of the eligibility requirements of the Departments:

- Be a resident of the State of Illinois
- Be a citizen of the United States or a legally admitted alien
- Have a Determination of Need (DON) score of 29 points or more
- Needs will be met at a cost less than or equal to the cost of nursing services in an institutional setting
- Fully cooperate with the Medicaid application process and maintain Medicaid eligibility

If you do not meet or maintain your eligibility requirements according to the Department standards, you may be disenrolled from the waiver. Your eligibility Department will send you a notice if they have found you no longer eligible, and will give you a disenrollment date. Humana Integrated Care Program of Illinois will also be informed of this action and your disenrollment date.

For additional information regarding the Illinois waivers programs as alternatives to nursing homes, please visit: <http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/default.aspx>

Case Management Service

Humana Integrated Care Program of Illinois Long Term Services and Supports program is for members who have been determined to be eligible for a Home and Community Based Service (HCBS) waiver program or the Nursing Facility program. You will be assigned a Care Coordinator at the time you are enrolled. Your Care Coordinator will work with you, your authorized representative, or your guardian to help you determine your needs and services to meet those needs.

If you are in the Persons who are Elderly Waiver or the Persons with Disabilities Waiver, your Care Coordinator will visit you at least one time every 3 months. If you are in the Persons with Brain Injury Waiver, your Care Coordinator will contact you at least one time every month. If you are in the Persons with HIV/AIDS Waiver, your Care Coordinator will contact you monthly by phone and visit you at least every other month.

If you live in your own home or in a Supportive Living setting, your Care Coordinator will complete an assessment visit and service plan with you every year. If you live in a Nursing Facility, your Care Coordinator will complete an assessment visit and service plan with you every 6 months. Your Care Coordinator can visit you more if your needs change.

At each assessment visit, your Care Coordinator will ask questions to learn more about you. They will ask about your strengths. They will ask what you can do and what you need help with. Your Care Coordinator will work with you and your authorized representative, as you decide on services to meet your needs.

If you live in a Nursing Facility, your Care Coordinator will approve your Long Term Care stay. Your Care Coordinator will work with you and your authorized representative to see if you can return to a community setting with services and supports. If you live in the community, your Care Coordinator will help get the services you need based on your waiver program.

You will have case management services as long as you are a Humana Integrated Care Program of Illinois member and in a nursing facility or HCBS Waiver program.

Nursing Facility Service

A Nursing Facility (NF) sometimes goes by different names such as Nursing Home, Long Term Care Facility, or Skilled Nursing Facility. A Nursing Facility is a licensed facility that provides skilled nursing or long-term care services.

These facilities have services that help both the medical and non-medical needs of residents who need assistance and support to care for themselves due to a chronic illness or disability. They provide care for tasks like dressing, bathing, using the bathroom, meals, laundry, and other needs. In a nursing facility, the staff will take care of your medications and order refills for you.

If you live in a Nursing Facility you will need to pay a “Share of Cost” or “Patient Credit.” The Department of Human Services caseworker determines what your Patient Credit total will be based on your income and your expenses. If you have questions, your Care Coordinator will work with you to understand your Patient Credit. You will need to pay the Patient Credit to the Nursing Facility each month.

Home and Community Based Services and Waivers

Home and Community Based Services (HCBS) help you live in your own home or other type of community setting. Your Care Coordinator will work with you, authorized representative, or guardian to find the right types of service. Not all services will be right for you. Once you agree to these services your Care Coordinator will work to arrange them for you.

The HCBS Waiver programs are below. The services available are next to each program. The definitions of services are listed at the end of this list. Note – These services cannot be provided to you if you have been admitted to a hospital or nursing home.

| Waiver Program | Services |
|---|---|
| Elderly Waiver Also known as: Aging Waiver or Community Care Program (CCP) | <ul style="list-style-type: none">• Adult Day Service• Adult Day Service Transportation• Homemaker• Personal Emergency Response System |

| Waiver Program | Services |
|---|---|
| <p>Persons with Disabilities Waiver Also known as: Physical Disabilities Waiver or Home Services Program (HSP)</p> | <ul style="list-style-type: none"> • Adult Day Service • Adult Day Service Transportation • Environmental Accessibility Adaptations-Home • Home Delivered Meals • Home Health Aide • Homemaker • Nursing-Skilled • Nursing-Intermittent • Personal Assistant • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite • Specialized Medical Equipment and Supplies |
| <p>Persons with Brain Injury Waiver Also known as: Brain Injury Waiver; Traumatic Brain Injury (TBI) Waiver; or Home Services Program (HSP)</p> | <ul style="list-style-type: none"> • Adult Day Service • Adult Day Service Transportation • Environmental Accessibility Adaptations-Home • Home Delivered Meals • Home Health Aide • Homemaker • Nursing-Skilled • Nursing-Intermittent • Personal Assistant • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite • Specialized Medical Equipment and Supplies • Supported Employment • Prevocational Services • Day Habilitation • Behavioral Services |
| <p>People with HIV or AIDS Waiver Also known as: AIDS Waiver or Home Services Program (HSP)</p> | <ul style="list-style-type: none"> • Adult Day Service • Adult Day Service Transportation • Environmental Accessibility Adaptations-Home • Home Delivered Meals • Home Health Aide • Homemaker • Nursing-Skilled • Nursing-Intermittent • Personal Assistant • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite • Specialized Medical Equipment and Supplies |

| Waiver Program | Services |
|---|--|
| Supportive Living Program Waiver (SLP) Also known as: Supportive Living Facility Waiver (SLF) | Supportive living provides an alternative to traditional nursing home care by mixing housing with personal care and supportive services, and includes these services: <ul style="list-style-type: none"> • Nursing Assessments • Intermittent Nursing • Medication Assist • Personal Care • Housekeeping • Laundry • Social & Health Promotion Activities • Personal emergency response system • Well-being check • Maintenance • 24 hour response/security • Meals & snacks |

Adaptive Equipment

This service includes devices, controls, or appliances, specified in the plan of care, which enable the member to increase his or her abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

Adult Day Health – Also known as Adult Day Service

This is a daytime community-based program for adults not living in Supported Living Facilities. Adult Day Service provides a variety of social, recreational, health, nutrition, and related support services in a protective setting. Transportation to and from the center and lunch are included as part of this service.

Behavioral Services

These services are behavioral therapies designed to assist members with brain injuries in managing their behavior and thinking functions, and to enhance their capacity for independent living.

Day Habilitation – Also known as Habilitation

This service provides members with brain injuries training with independent living skills, such as help with gaining, maintaining, or improving self-help, socialization, and adaptive skills. This service also helps the member to gain or maintain his or her maximum functional level.

Personal Emergency Response System

This electronic equipment allows members 24-hour access to help in an emergency. The equipment is connected to your phone line and calls the response center and/ or other forms of help once the help button is pressed.

Environmental Accessibility Adaptations

These are physical modifications to a member's home. The modifications must be necessary to support the health, welfare, and safety of the member and to enable the member to function with greater independence in their home. Without the modification a member would require some type of institutionalized living arrangement, such as nursing facility or assisted living. Adaptations that do not help the member's safety or independence are not included as part of this service, such as new carpeting, roof repair, central air, or home additions.

Home Delivered Meals

Prepared food brought to the member's home that may consist of frozen meals or a heated lunch meal and a dinner meal (or both), which can be refrigerated and eaten later. This service is designed for the member who cannot prepare his or her own meals but is able to feed him/herself.

Home Health Aide

A person who works under the supervision of a medical professional, nurse, physical therapist, to assist the member with basic health services such as assistance with medication, nursing care, physical, occupational and speech therapy.

Homemaker

In-home caregiver hired through an agency. The caregiver helps with housekeeping items such as meal preparation, shopping, light housekeeping, and laundry. The caregiver can also help with hands-on personal care items such as personal hygiene, bathing, grooming and feeding.

Nursing-Skilled

This service provides skilled nursing services to a member in their home for short-term acute healing needs, with the goal of restoring and maintaining a member's maximal level of function and health. These services are provided instead of a hospitalization or a nursing facility stay. A doctor's order is required for this service.

Nursing - Intermittent

This service focuses on long term needs rather than short-term acute healing needs, such as weekly insulin syringes or medi-set set up for members unable to do this for themselves. These services are provided instead of a hospitalization or a nursing facility stay. A doctor's order is required for this service.

Personal Assistant

In-home caregiver hired and managed by the member. The member must be able to manage different parts of being an employer such as hiring the caregiver, managing their time and timesheets, completing other employee paperwork. The caregiver helps with housekeeping items such as meal preparation, shopping, light housekeeping, and laundry. The caregiver can also help with hands-on personal care items such as personal hygiene, bathing, grooming, and feeding. Personal Assistants can include other independent direct care givers such as RNs, LPNs, and Home Health Aides.

Physical, Occupational and Speech Therapy – Also known as Rehabilitation Services

Services designed to improve and or restore a person's functioning; includes physical therapy, occupational therapy, and/or speech therapy.

Prevocational Services

This service is for members with brain injuries and provides work experiences and training designed to assist individuals in developing skills needed for employment in the general workforce. Services include teaching concepts such as compliance, attendance, task completion, problem-solving and safety.

Respite

This service provides relief for unpaid family or primary caregivers who are meeting all the needs of the member. The respite caregiver assists the member with all daily needs when the family or primary caregiver is absent. Respite can be provided by a homemaker, personal assistant, nurse or in adult day health center.

Supported Employment

Supported employment includes activities needed to maintain paid work by individuals receiving waiver services, including supervision and training.

Supportive Living Program – Also known as **Supportive Living Service**

An assisted living facility is a housing option that provides members with many support services to meet the member's needs to help keep the member as independent as possible. Examples of support services to meet those needs include: housekeeping, personal care, medication oversight, shopping, and social programs. Supportive Living does not offer complex medical services or supports.

Freedom of Choice

You have the choice of nursing facility placement, supportive facility placement, or home and community based services. You also have the right to choose not to receive services.

You may choose which provider/agency you want to provide your Long Term Services and Supports. A list of agencies approved by the Division of Rehabilitative Services, Healthcare and Family Services, and the Department on Aging to provide services in your service area will be reviewed with you by your Humana Integrated Care Program of Illinois Care Coordinator.

Your Humana Integrated Care Program of Illinois Care Coordinator will work with you to participate in your service plan development and in choosing types of services and providers to meet your needs. You will receive a copy of each service plan and any subsequent changes to the plan.

The services that you receive are for needs addressed on your service plan and not for the needs of other individuals in your home.

Personal Assistant Service

Depending on your Waiver, you may be able to select the Personal Assistant (PA) service. If you choose to use Personal Assistant service you are allowed to request a criminal background check on potential employees. Home Services Program will cover the cost of the background check and it will not affect your services.

You are responsible for hiring, managing and if necessary, firing your Personal Assistant.

You will receive a Member (customer) packet and a PA (employee) packet. You should keep copies of paperwork in your Member packet folder.

If you employ a PA, it is your responsibility to ensure the following:

- You need to complete and submit all necessary documentation to the local HSP office prior to the start of employment of the PA. This includes information in both the Member and PA packets.
- You need to select a PA that has the physical capability to perform the tasks under your direction, and the PA will not have a medical condition which will be aggravated by the job requirements.
- You need to provide a copy of and review your Humana Integrated Care Program of Illinois Service Plan with your PA so they understand your needs and hours approved.
- You will review the Time Sheet with your PA for accuracy of all information before you turn it in, and only approve hours actually worked by the PA for payment.
- Time Sheets will not be pre-signed or submitted prior to the last day worked in a billing period.
- Complete the PA's Last Day of Employment form (in your packet) and send to the HSP office

when any PA's employment ends.

- Notify the HSP office within 24 hours of any incident resulting in injury to the PA at work.
- Complete the Report of Injury to a Provider form (in your packet) and mail or fax it to the HSP office within 24 hours after you reported it.

If you need a Personal Assistant at your place of employment or to go on vacation, you must first contact your Humana Integrated Care Program of Illinois Care Coordinator to request and obtain approval for paid services.

As a member of Humana Integrated Care Program of Illinois Long Term Services and Supports program you have the following rights and responsibilities.

Your Rights

Non-discrimination

You may not be discriminated against because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge, or age.

If you feel you have been discriminated against, you have the right to file a complaint with Humana Integrated Care Program of Illinois by calling, faxing or sending us a letter:

Phone: 1-800-764-7591 (TTY: 711) or Fax: 1-855-336-6220

Humana, Inc.

Attn: Grievance and Appeals Dept.

P.O. Box 14546

Lexington, KY 40512-4546

If you are unable to call, you may have someone call for you. If you are unable to write a letter yourself, you may have someone write it for you.

Confidentiality

All information about you and your case is confidential, and may be used only for purposes directly related to treatment, payment, and operation of the program including:

- Establishing your initial and continuing eligibility
- Establishing the extent of your assets, your income, and the determination of your service needs
- Finding and making needed services and resources available to you
- Assuring your health and safety

No information about you can be used for any other purpose, unless you have signed a Release of Information form.

Transfer to other Provider/Agency

You may request to transfer from one provider to another. If you want to transfer, you should contact your Humana Integrated Care Program of Illinois Care Coordinator to help arrange the transfer.

Temporary Change in Residence

If you will be temporarily residing in another location in Illinois and want to continue to receive services, contact your Humana Integrated Care Program of Illinois Care Coordinator. Your Care Coordinator will assist you by arranging service transfer to your temporary location.

Service Plan

Your Service Plan establishes the type of service, the number of hours of service, how often the service will be provided, and the dates the service are approved. Your Provider cannot change your Service Plan. If you need a change in services you need to call your Humana Integrated Care Program of Illinois Care Coordinator to review your needs and make changes to your Service Plan.

If you want more services than your Service Plan allows, you may request your provider to provide more services than are listed on your Service Plan, but you may be required to pay 100% of the cost of those additional services.

Quality of Service

If you do not believe your provider/ caregiver is following your Service Plan, or if your caregiver does not come to your home as scheduled, or if your caregiver is always late, you should call the caregiver agency and talk to your caregiver's supervisor. If the problem is not resolved you should call your Humana Integrated Care Program of Illinois Care Coordinator. If the problem is still not resolved you should call the Humana Integrated Care Program of Illinois toll free at 1-800-764-7591 to file a grievance.

Your Responsibilities

Non-Discrimination of Caregivers

You must not discriminate against your caregivers because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge or age. To do so is a Federal offense.

Reporting Changes

When you become enrolled in the Long Term Services and Supports program, you must report changes to your information including:

| Change | Report To |
|--|--|
| Changes to your services or service needs | Humana Integrated Care Program of Illinois Care Coordinator |
| Change of address or phone number Even if temporary | Humana Integrated Care Program of Illinois Care Coordinator Enrollment Agency |

Financial Benefits

Your Long Term Services and Supports program is paid by Medicaid, a Federally funded program monitored by Illinois Department of Healthcare and Family Services (HFS). Federal law allows HFS to recover the Medicaid assistance paid out for Long Term Services and Supports through what is known as "Medicaid Estate Recovery". In order to recover the Medicaid assistance paid out for your LTSS services, HFS can file a claim against your estate, which includes real and personal property. If you are married, HFS cannot seek to recover its claim against your estate until after your spouse is deceased. Your spouse will be allowed to keep your home and other real and personal property until his/her death. HFS can seek to recover money from your estate equal to the amount of Medicaid assistance paid out for your LTSS services. For further information ask your Humana Integrated Care Program of Illinois Care Coordinator.

Hospital or Nursing Home Admission

If you are entering a hospital, nursing home, or other facility for any reason, you or your authorized representative should inform your Humana Integrated Care Program of Illinois Care Coordinator before or as soon as possible after you have entered such a facility. Your services cannot be provided while you are in these facilities, but can be provided as soon as you return home. Inform your Humana Integrated Care Program of Illinois Care Coordinator when you will be discharged home, so we can check on your service needs.

If you are admitted in a hospital or facility for more than 60 calendar days, the enrollment in your home and community waiver may be terminated (For Supportive Living Program, discharge from the waiver is automatic on the day of admission to a nursing home). If you are interested in returning home and need services, contact your Humana Integrated Care Program of Illinois Care Coordinator to assist you in reestablishing your in-home services and requesting reapplication to the home and community waiver.

Absent from Home

LTSS Services cannot be provided if you are not at home. If you are away from your home for any reason for over 60 calendar days, your case will be referred to your Enrollment Agency for possible termination from the waiver program.

You must inform your caregiver/provider if you plan to be absent from your home when your scheduled services are to be provided, such as for a doctor's appointment, a general outing, or a short vacation. Notify your caregiver/provider when you will not be home and when you plan to return so they can resume services upon your return.

During your absence, give your Humana Integrated Care Program of Illinois Care Coordinator your temporary phone number and address, in case you need to be reached.

You must Cooperate in the Delivery of Services

To assist your caregivers you must:

- Notify your caregiver/provider at least 1 day in advance if you will be away from home on the day you are to receive service.
- Allow the authorized caregiver into your home.
- Allow the caregiver to provide the services authorized on your Service Plan you approved.
- Do not require the caregiver to do more or less than what is on your Service Plan. If you want to change your Service Plan call your Humana Integrated Care Program of Illinois Care Coordinator. Your caregiver cannot change your Service Plan.
- You and others in your home must not harm or threaten to harm the caregiver or display any weapons.

Not cooperating as noted above may result in the suspension or termination of your LTSS services. Your Humana Integrated Care Program of Illinois Care Coordinator will work with you and the caregiver to develop a Care Management agreement to restart your services.

Reporting Abuse, Neglect, Exploitation, or Unusual Incidents

You can contact the Department of Public Health to [get information](#) on CNAs, or the Department of Financial and Professional Regulation for information on any LPN or RN that you want to employ to see if they have allegations of abuse, neglect or theft.

If you are the victim of abuse, neglect or exploitation, you should report this to your Humana Integrated Care Program of Illinois Care Coordinator right away. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept confidential and anonymous reports are accepted.

- **Nursing Home Hotline 1-800-252-4343**

Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, and home health agencies and the care or lack of care of the patients.

- **Supportive Living Program Complaint Hotline 1-800-226-0768**

- **Adult Protective Services 1-866-800-1409 (TTY – 1-888-206-1327)**

The Illinois Department on Aging Adult Protective Services Hotline is to report allegations of abuse, neglect, or exploitation for all adults 18 years old and over. Your Humana Integrated Care Program of Illinois Care Coordinator will provide you with 2 brochures on reporting Abuse, Neglect and Exploitation. You can request new copies of these brochures at any time.

Illinois law defines abuse, neglect, and exploitation as:

- **Physical abuse** — Inflicting physical pain or injury upon a senior or person with disabilities.
- **Sexual abuse** — Touching, fondling, intercourse, or any other sexual activity with a senior or person with disabilities, when the person is unable to understand, unwilling to consent, threatened or physically forced.
- **Emotional abuse** — Verbal assaults, threats of abuse, harassment, or intimidation.
- **Confinement** — Restraining or isolating the person, other than for medical reasons.
- **Passive neglect** — The caregiver's failure to provide a senior or person with disabilities with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- **Willful deprivation** — Willfully denying a senior or person with disabilities medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that adult to the risk of physical, mental, or emotional harm — except when the person has expressed an intent to forego such care.
- **Financial exploitation** — The misuse or withholding of a senior or person with disabilities' resources to the disadvantage of the person or the profit or advantage of someone else.

Grievances and Appeals

For information on Grievances and Appeals, please look at that section of your Member Handbook.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-764-7591 (TTY 711).

If you believe that Humana Inc. or its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances

P.O. Box 14618

Lexington, KY 40512 – 4618

1-800-764-7591, or if you use a TTY, call 711.

You can file a grievance by mail or phone. If you need help filing a grievance, Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-800-764-7591 (TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-764-7591 (TTY: 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-764-7591 (TTY: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-764-7591 (TTY: 711)**。

한국어 (Korean): 주의：한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-764-7591 (TTY: 711)** 번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-764-7591 (TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-764-7591 (телетайп: 711)**.

ગુજરાતી (Gujarati): સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-764-7591 (TTY: 711)**.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-764-7591 (TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-764-7591 (TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-764-7591 (ATS : 711)**.

λληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-764-7591 (TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-764-7591 (TTY: 711)**.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih **1-800-764-7591 (TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-764-7591 (رقم هاتف الصم والبك: 711)**.

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-764-7591 (TTY: 711)** पर कॉल करें।

وُذْرَا (Urdu):

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-764-7591 (TTY: 711)**۔

ILHJTASEN

